

BEST AVAILABLE COPY

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914999	RECEIPT DATE:	09 / 06 / 01
IA NUMBER:	PCT/ GB00 / 00919	IA FILING DATE:	03 / 10 / 00
FAMILY NAME:	DAVIES	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MICHAEL BIRSHA	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 10 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PG3619USW	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 023347	TELEPHONE 9194832370	
		FAX 9194837988	
NAME:	DAVID J LEVY, CORPORATE INTELLECTUAL PRO GLAXOSMITHKLINE		
STREET:	FIVE MOORE DR. PO BOX 13398		
CITY:	DURHAM		
STATE/COUNTRY:	NC	ZIP:	277093398
EMAIL:			
APPLICATION TITLES:	DOSE PROTECTOR FOR INHALATION DEVICE		

TAB TO LAST POSITION, PUSH SEND